THE BULLETIN

JAN 27 1952

of the

NATIONAL ASSOCIATION

of

SCHOOL SOCIAL WORKERS

DECEMBER 1951

Volume XXVII Number 2

LIBRARY
ELIZABETH McCORMICK MEMORIAL FUND
848 North Dearborn Street
Chicago

PROFESSIONAL CONSULTANT

Miss Mildred Sikkema
Room 810
One Park Avenue, New York 16, N. Y.

BOARD OF DIRECTORS

PRESIDENT

Opal Boston
1445 N. Delaware
Indianapolis, Ind.

VICE-PRESIDENTS

Ruth Smalley
Philadelphia, Pa.

Mrs. Alfred Wilson
Minneapolis, Minn.

SECRETARY

Lucile Abell
State Dept. of Education
State Office Building
Hartford, Conn.

TREASURER

Miss Bertha Leming
Indianapolis Public Schools
150 N. Meridian Street
Indianapolis, Ind.

Mrs. George Abbott
Dallas, Texas

M. Ethel Batschelet
Hartford, Conn.

Gladys Dobson
Portland, Ore.

Mrs. Walter B. Driscoll
St. Paul, Minn.

Ray Graham
Springfield, Ill.

Carmelite Janvier
New Orleans, La.

Adeline Jesse
Denver, Colo.

Dr. E. H. Mellon
Champaign, Ill.

Helen Palmeter
Rochester, N. Y.

Florence Poole
Urbana, Ill.

Virginia Quattlebaum
Tifton, Ga.

Mrs. Frances Reed
Fort Worth, Texas

Mrs. Clarence Sager
Greenwich, Conn.

Mrs. Louis S. Weiss
New York, N. Y.

Jane Wille
Pittsburgh, Pa.

COMMITTEE CHAIRMEN

EDUCATION

Florence Poole
School of Social Welfare Admin.
University of Illinois
Urbana, Ill.

MEMBERSHIP

Mrs. Helen Roell
Indianapolis Public Schools
150 N. Meridan Street
Indianapolis, Ind.

NOMINATING

Mrs. Helen Harland
Champaign Public Schools
212 W. Healey Street
Champaign, Ill.

BULLETIN

Clara M. Colteryahn
Lincoln School
Lincoln Avenue
Pittsburgh 6, Pa.

PROGRAM

Irma E. Mohr
Board of Education
228 East 57th Street
New York City, N. Y.

FINANCE

Bertha O. Leming
Indianapolis, Ind.

Digitized by the Internet Archive
in 2024

https://archive.org/details/bulletin-national-association-of-school-social-workers_1951-12_27_2

TABLE OF CONTENTS

Page

Editorial Comment 2

A Study of How Kindergarten Boys and Girls Differ in Their Behavior
Katharine Zener Humiston..... 3-16

Children With Social and Emotional Problems: Who are the Children Needing Special Help—and Why?
Katharine J. Hawley, M.D..... 17-21

Children With Social and Emotional Problems: How Can Special Services Help Children With Problems in School Adjustment
Marechal-Neil Young, Ph.D..... 22-33

EDITORIAL COMMENT

The thoughtful review of the psychological and cultural differences between boys and girls as presented by Miss Humiston is of value to school social workers. This serves as helpful background material for our own understanding and also for use in interpreting this age child to teachers.

In the companion papers on "Children With Social and Emotional Problems" Dr. Hawley identifies the children who require special help. Dr. Young describes the process through which the social worker helps the child directly. In addition she skillfully points up how teachers, through use of service, become adept at understanding and accepting symptoms of emotional stress, and facilitate the child's access to the school social worker. Dr. Young also emphasizes another of the school social worker's major responsibilities—coordinating school and community services in the child's behalf. Here again preparation of parents and children for the use of other professional services ensures their readiness for help beyond that which the school social worker can give because of her limited function.

A STUDY OF HOW KINDERGARTEN BOYS AND GIRLS DIFFER IN THEIR BEHAVIOR

This article is part of a study of the kindergarten referrals to the Tacoma School Social Work Service in 1948-1949*. During this school year, 25 boys and seven girls were referred to the school social work service. The case records of these children were analyzed. Consultation was also held with the school social worker on each case referred.

"Children referred" means those on whom formal referrals were made in writing by the teacher and principal, and accepted by the worker. Many more children than those referred benefited indirectly from the services of the workers, but because the procedure was consultation with the school personnel, and informal, no records were kept, and it is impossible to include those children in such a study. Literature on the psychological differences between boys and girls in this age group was also reviewed as a background for this study.

Summary of the literature on the psychological differences between boys and girls.

Before seeing what our own material reveals concerning the behavioral differences between boys and girls, let us look at the research and current theories on this subject. Are boys and girls different? Do they really behave differently, feel and react differently? Do we just think they do? Or, if they do, is this difference physiologically, psychologically, or culturally determined? Or are there possibly many causes?

In addition to the obvious anatomical differences, we have evidence that boys and girls do have different physiological reactions and rates of development. "Every cell in the human body bears the stamp of its sex." Physiological conditions from birth until death favor the female. Boys have more difficult births and chances of birth injury than girls. Their mortality rate during the fetal period and first year of life is greater. Throughout life they have a greater susceptibility to disease. Boys and girls of equal chronological age are not equally developed physically. Thus, though boys are consistently heavier and taller than girls of the same age, girls are always more mature, farther along relative

* From Chapter II of a thesis entitled "Kindergarten Referrals to the Tacoma School Social Work Service in 1948-1949" by Katharine Zener Humiston, and presented to the Graduate School of Social Work of the University of Washington, in partial fulfillment for the degree of Master of Arts.

to their developmental cycle, than are boys. Thus at age six, girls are one year more advanced in their skeletal development than are boys. Boys' anatomic maturity is reached several years later than girls'. At all ages the vital index (ratio between vital capacity and weight) is higher for boys. This means they are capable of greater sustained energy output. Girls' dentition is well ahead of boys'.[1] Thus we see that when we open our kindergarten doors to a group of thirty children between the ages of five and six, we are forcing the little boys into competition with little girls who are physiologically more mature and who are certainly not less sturdy. In addition, we expect them all to be able to do the same things equally well.

According to the psychoanalytic theories the differences between the typically feminine personality and the typically masculine personality come about largely because boys and girls must cope with their developing instincts with quite different anatomcial structures. These personality differences are closely allied to anatomical differences, and an important period in their development coincides with the particular age of the group we are studying. We are well aware that this age terminates a period of great storm and stress, equalled only by that of adolescence. The struggles encountered and their resolution are different for boys than for girls and have a different effect on their personalities. The girls, unlike the boys, are unable to find an outward expression for their active, aggressive, instinctual impulses. They must be given up. They take a turn inward, toward passivity. Thus, the normal psychological sex differences of aggressivity and passivity are seen as being primarily biologically and physiologically caused.[2]

Alexander calls this abandonment by the little girl of her early, biologically determined, masculine aspirations, an example of adjustment to the unchangeable facts of biological fate. Thus, although we shall see that social, interpersonal influences are also important in the development of personality differences, we cannot overlook that certain features of emotional development are the psychological reflections of a chain of biological events.[3]

---

[1] Terman, Lewis, 1946. Physiological sex differences, in Carmichael, L., Manual of Child Psychology, p. 954. New York: John Wiley & Sons.

[2] Deutsch, Helen, 1944. The psychology of women, V. 1. New York: Grunne & Stratton.

[3] Alexander, Franz, 1936. The sociological and biological orientation of psychoanalysis. Mental Hygiene, 20, 232-248.

In what other ways do boys and girls develop differently? We find that boys are at a disadvantage compared with girls in all aspects of their ability to verbalize. The results of much research show that girls precede boys in the development of language skills from infancy on. The implications of this are great for reading readiness and reading activities, on which the main emphasis is placed in first grade. We cannot but speculate as to the validity of mental test results for boys when so much depends on verbalization. Actually, at earlier age levels, and on the verbal type of tests, girls do consistently score higher than boys.

Many studies made of the behavior of children in nursery schools present a picture of the little boy less mature and less adequate in speech than the little girl, finding adjustment to the group more difficult and incurring more conflict of an aggressive nature. Girls make more use of language, boys of force. Despite the fact that boys are supposed to behave like boys, consistently more punishment is meted out to physical than to verbal aggression.

Eighty per cent of all reading disabilities are with boys and the greater number of school failures are also boys.[4] [5] As Blanchard points out, reading is one sublimation for the aggressive drives. "Possibly for boys, development may be especially complicated on the side of handling aggressive and destructive impulses and feelings, in some instances, if these are stronger and less inhibited by counteracting forces at certain stages of development for boys than for girls. In our treatment cases with boys, trouble with reading has seemed to be closely related to difficulties of this type in their emotional growth."[6]

We have seen, according to studies and theories, that boys and girls do develop differently. Now let us look at the studies and theories bearing on how the reactions of parents and teachers to these differences may further color or exaggerate them. Actually, although the problem of reading disabilities was discussed under the developmental differences between girls and boys, it could also well be studied from the angle of the interactions between mothers and female teachers and small developing males.

---

[4] Blanchard, Phyllis, 1946. Psychoanalytic contributions to the problem of reading disabilities: in The psychoanalytic study of the child, V. 2., 163-187. New York: International Universities Press.

[5] Jackson, J., 1944. A study of psychological, sociological, and environmental differences between advanced and retarded readers. J. Genetic Psych. 65, 113-131.

[6] Blanchard, Phyllis, 1936. Reading disabilities in relation to difficulties of personality and emotional development. Mental Hygiene, 20, p. 411.

As Wickman says, "undesirable behavior in a child is whatever behavior is regarded or treated as such by the individuals with whom the child lives."[7] That poses several questions. Do we really recognize a maladjusted personality? Or do we recognize only those who have made an uncomfortable adjustment to the outer, social environment and not those who are uncomfortably adjusted to the demands of their own inner drives? Or, if the former, do we recognize only those who make us, the social environment, uncomfortable? A question which is beyond the scope of this paper, but interesting, is what developmental relation does the "undesirable" behavior of a five-year-old have to future, "desirable" adult behavior?

Wickman's study of twenty years ago bears on the question as to whether we recognize as problem behavior that which makes us uncomfortable. The teachers studied rated immoralities, dishonesties, and transgressions against authority as the most serious school problems; violations of orderliness in classroom, lack of application to school work, the next most serious; and extravagant, aggressive personality and behavior traits, and withdrawing, recessive behavior and personality traits, as the third and fourth least desirable. According to this rating, the mean number of problems per child was approximately ten for boys and six for girls, and of the long list of undesirable behavior traits, only two were encountered more frequently in girls. A similar study revealed quite similar results.[8]

Klopfer corroborates this finding on the difference between little boys' and little girls' behavior as recognized and reacted to by adults. He matched his Rorschach records of nursery school children with their teachers' descriptions of their personalities. Twelve out of fifteen boys, all from four to five years of age, were matched correctly, while only two out of fifteen girls of the same age were matched correctly. He felt that the pressure of the cultural environment which stressed the need for little girls to be "nice", whereas little boys were allowed to behave "like boys", was strong enough to cause almost all the girls to adopt this seemingly well-adjusted behavior. His records however, show that, these little ladies paid a rather stiff price for their behavior achievements in terms of disturbances in their personality development."[9]

---

[7] Wickman, E. K., 1929. Children's behavior and teachers' attitudes, p. 8. New York: Commonwealth Fund Division of Publication.

[8] Terman, Op. Cit.

[9] Klopfer, Bruno, 1945. Personality diagnosis in childhood, p. 95, in Lewis, D. C., Pacello, B. L., Modern Trends in Child Psychiatry, New York: International Universities Press.

Now let us glance at a further study of the effect of culture on sex differences. Margaret Mead says that the solution which children of any society find for the emotional conflicts of this age, which as we have seen are biologically determined, is "not created out of whole cloth by the young child's biological impulses,"[10] but depends on the interrelationship between parents and children. The stage for the quality and nuances of this relationship is laid as far back as before the baby is born. It is made up of several elements, so inextricably interwomen that they are in reality, one. The chronologically first element is in what way and how comfortably his parents carry their own sex identity. Following this is how the child interprets to himself and accepts his own sex membership. This last is largely dependent on the quality of the intercommunication with his parents, from the very moment he is born, through his nursing, weaning, feeding, habit training and all other experiences, up to those of this period, to his parents' reactions to his budding sexuality. As Mead points out, the child is not a maturing organism in a glass box. The cues of his sex membership given him by his own body, can never be seen alone as a developmental sequence. Always beside the child who is experiencing activities and sensations sit the adults who have developed highly patterned feelings about these same activities and sensations. "No boy is ever asked to interpret his maleness except in relation to other human beings of both sexes; no small girl ever sits attentive only to the rhythm of her own heart."[11] The way a mother nurses or rocks a boy baby may, unconsciously, be subtly different from the way she nurses or rocks a girl baby. Our pediatricians observe that the modern mother bathes her little boy well past the age when she has taught her little girl to bathe herself. The mother of a five-year-old boy reacts differently to his caresses than his father does, and differently to those of the five-year-old girl. "However much or little the three-month-old infant may be capable of realizing alone the difference between the sexes, the mother is fully capable, and her smile, her arm, the whole position of her body, are conscious of that contrast."[12] "In any society the way in which five-year-old children deal with their springing premature, socially functionless sexuality is embedded in the parental character."[13]

---

[10] Mead, Margaret. 1948. Male and female, p. 127. New York: William Morrows.

[11] Ibid, p. 145.

[12] Ibid, p. 148.

[13] Ibid, p. 111.

What we come out with is a complicated picture. We find at the basis of the difference between boys' and girls' personalities, biological determinants. We find the culture into which these personalities must fit offers a different pattern to each sex. And we find that the environment of interpersonal interactions for each sex differs. "Biological differences and differing cultural expectancies join in giving a distinctive phrasing to various events in the socialization process of each sex."[14] Thus, a child's behavior is a result not only of his constitutional characteristics, but also of his reactions to the behavior of his environment (parents and teacher), toward his developing sex.

The Children of This Study—Their Behavior

What further light is thrown on this problem by our particular study?

Twenty-five boys were referred and seven girls, 32 children in all. Because six of these children were referred for reasons other than their problem behavior, they were excluded from this part of the study, leaving 26 children—21 boys and five girls.

The behavior presented by these 26 children we have classified into four groups: immature, aggressive, withdrawn, and anxious. In some instances a given child presented symptoms which might fall into more than one group, but we have chosen to place each child into one classification according to the behavior which seemed most basic.

Immature

In the immature group we find 12 out of the 21 boys and two out of the five girls, or 14 out of the total group of 26.

Maturity for any given age level implies a favorable unfolding of one's developmental potentialities. As the path to emotional maturity leads the self love and absorption of the infant to the ability to establish object relationships on an adult level, and from dependence to independence, one of the most reliable criteria for maturity is the individual's way of relating to other people. "Personality development is essentially a progressive finding of the self through reactions to and progressive detachment from other selves."[15] An emotionally immature child then

---

[14] Mowrer, O.H., Kluckhohn, C., 1944 Dynamic theory of personality, in McV. Hunt, Personality and the behavior disorders, V. 2, p. 122. New York: Ronald Press.

[15] Gesell, A., I lg. F. L., 1943. Infant and child in the culture of today, p. 30. New York: Harper.

is one whose social, interpersonal relationships are less developed than is customary for his age group. Another type of immature child is the one who is behind his age group in his ability to do things, such as cut, color, dress, etc. This inability may simply reflect a slowly developing nervous system. As Gerard says, "Early learning is connected intimately with the growth of the body, and particularly with the growth of the nervous system . . . All these activities occur as the result of the development of basic patterns . . . By six or seven years these neurological patterns are established and ready for use."[16] On the other hand, since learning and the push toward maturity are not purely automatic but must also be satisfying experiences, this child's slowness in learning to do things may also reflect previously experienced lack of satisfactions in the process of growing up. This again ties in with the quality of his relationships and with his urge toward independence.

Our group of immature children presents a wide variety of situations. We have a definitely subnormal child who seems to be making reasonably good social and mental adjustments within the limitations of his capacity. On the other hand we have a child with a C. A. of 5.3 and an M. A. of 5.4, and an I. Q. of 101, as determined shortly after he entered kindergarten, but who, at the end of the first year was said to be "not ready mentally for school," and who is repeating. The remainder of the children, with mental capacities lying between these two just mentioned, present pictures that are far from clear cut. Their mental capacity seems to be definitely only average or below, yet we cannot help wondering whether there is not a possibility of their intellectual functioning being raised somewhat as in each instance there is indication of emotional disturbance either in the child or in the environment. For instance, we find: "diffuse anxiety on mother's part who feels extremely inadequate in every area;" "mother deeply disturbed, maybe even psychotic;" "mother unhappy over husband's desertion and identifies boy with his father." The retardation of these children is difficult to evaluate. How much is due to emotional disturbance? How much of the disturbance is caused by the frustration so often encountered by a slow child, including the emotional reactions of the parents to his slowness?

As we stated earlier, one of the primary factors in emotional immaturity lies in the quality of the child's early relationships, in his having found satisfaction in them and therefore in his ability to become independent of them. Buxbaum says of the children of this stage of develop-

[16] Gerard, Margaret, 1943. Physiological and environmental factors in the learning processes of the pre-school child, p. 267, Am. J. Ortho., 13.

ment, "He is now eager to learn. We realize that the time for the beginning of academic teaching has been chosen wisely. It would be rewarding to follow up the development of the child's interest and intelligence in connection with his growing independence from his primary objects and his predisposition to form transferences."[17] In all four of the children who are immature but are not grade placement problems and in many instances of those who are placement problems, we find evidences of disturbed parent-child relationships. We cannot always evaluate the influence these disturbed relationships have had on the fact of the child's immaturity.

This factor of unsatisfying early relationships seems to be important in considering what lies back of Byron's immaturity.

BYRON: Byron was referred early in June of 1949 just before his sixth birthday. He talks in a rapid, tense, infantile jargon. The speech teacher has been working with him for the past several months but has not effected any improvement in that short time. She says he must relearn the language. In addition he has a short attention span, does not follow directions well, is not cooperative and annoys other children. He seems to need to "top" whatever anyone else says.

In an interview with Byron's grandmother and one with his father, the school social worker obtained the following story: Both after Byron's birth and that of his brother, two years older than he, their mother went into a decline, becoming extremely nervous and helpless when it came to caring for her house or children. Gradually her condition became worse and three years ago the father and the two boys moved in with the paternal grandmother and the mother with her parents. They refuse to have her hospitalized. A year ago the father obtained a divorce. About twice a month the boys visit their mother who professes much solicitude over them, but no one seems to get much satisfaction from the contacts and after awhile she sends them home. The boys and their "granny" are fond of each other and she is secure in her ability to discipline them. She seems aware that her allusions to her own ill health and occasional comments that she may not be able to continue caring for them create a fear of losing their second mother figure.

The family is not concerned over Byron's speech and do not think it has changed much since he was two. They say children often outgrow their difficulties. In the past several months he has become rather smart-alecky. The worker found this coincided with the beginning of his speech correction classes and that he stomps up the stairs when he goes to them.

[17] Buxbaum, Edith, 1945. Transference and group formation in children and adolescents, p. 356, in the Psychoanalytic Study of the Child, V. 1. New York: International Universities Press.

The boy's father understands that a sick mother, a broken home, hearing family quarrels, and too many bosses, can be very upsetting to children. But he chafes at having to carry his family responsibilities and is impatient with the idea of assuming the father role. In this household he displays a rather hostile, dependent relationship with his outgoing, managing mother and a feeling of rivalry toward his more attractive, unmarried older brother. Both the grandmother and the father are eager for the school social worker to have regular interviews with Byron and the family in the fall.

To sum up, we have 12 boys and two girls in this group of immature children. They constitute a little over half of our total group of children with behavior problems. When we consider that these children are teacher-referred it certainly does seem as though not all of today's teachers have attitudes toward children's behavior as reported by Wickman twenty years ago. These teachers represent slightly less than a third of the kindergarten teachers, 17 out of the total of 44 teachers. We have no way of evaluating the attitudes of the other 27 of the 44 teachers. Perhaps they did not consider their immature children as problems, perhaps they did, but saw no point in referring them to the school social work service. Perhaps they were not understanding of or sympathetic to the work of the program. Possibly they did consult informally on many such cases.

What is important is that a little over half of the children referred do not seem ready for, nor to be able to make the most of the environment they have been placed in by virtue of their chronological age. Limited ability to participate in a group is specifically mentioned by the teacher five times; ability to relate to other children only in a negative way, four times; and a short attention span, three times; and some such blanket phrase as "emotionally retarded" or "immature", six times. Such a situation may mean that the child is not ready for such a group experience this year but will be in another year, in which case wiser planning would have postponed his entering kindergarten by a year. On the other hand, it may be that there are factors in his relationships at home that are retarding his normal social development. In this case, they would still be in operation the following year, and work with the home would be indicated with a simultaneous relaxation of standards expected of the child by the kindergarten.

The Aggressive Children

When children meet with frustrations there are two standard ways of reacting to them; one is to fight and one to retreat. The first we call

aggressive behavior and the second, withdrawn. We know that aggression can stem from the frustrations where no limits are set and the ego is, therefore, insufficiently developed to cope with reality. It may come also from the frustrations of deprivation.

As Gordon Hamilton points out, every child has a large component of aggression, but in normal development he relinquishes some of his aggression for love. "As he identifies with the parents his ego develops negative and prohibiting attitudes towards such aggressive impulses. The child is aware of the possibility of punishment or of withdrawal of parental love if he misbehaves. . . . The aggression then is used, on the one hand, to repress the urges over which the conflict developed and, on the other hand, to inhibit the ego in ways which permit gradual adaptation to reality. Aggression is healthy and necessary for survival. It exists in the normal, the neurotic and the behavior disorder alike."[18]

In our group of children, five were found to present the picture of aggressive behavior, and all five were boys. This ties in with the theories that this behavior is more characteristically masculine than feminine and also that it seems to be somewhat more tolerated from boys than from girls. Although we cannot know, it seems safe to assume that had any of the girls exhibited the type of aggressive behavior for which the boys were referred, such as undue hitting, fighting, pushing, or temper tantrums, they would have caused the teacher even more concern. In fact, because such behavior is more deviant from the ideal of the "little lady" than it is from that of the typical boy, we may even go so far as to assume that a girl might be referred more quickly for this behavior than a boy.

The aggression of these boys is sufficient to make them conspicuous in relation to the other boys in the group. With one exception, however, where the roots of the difficulty lay in marked maternal rejection, we doubt that it is a symptom of a severe behavior disorder. We have the following descriptions from the teachers. "Temper tantrums when he does not get his way or is interrupted in what he is doing; gets attention from the other children by pushing them around; some children appear afraid of him." "Temper tantrums; mutters 'smart' remarks to the teacher; fights; has no friends."

Temper tantrums are indulged in by three of the five. English and Pearson say that temper tantrums are one of the two most frequent emotional disturbances during this period of development. A child who

---

[18] Hamilton, Gordon, 1947. Psychotherapy in child guidance, p. 46. New York: Columbia University.

In conclusion, it would seem wise to state again that the school has the responsibility of providing educational opportunities to children in a usable way. The school has also some responsibility for the promotion of mental health in childhood. Special help may be needed by certain children and such help should be available.

CHILDREN WITH SOCIAL AND EMOTIONAL PROBLEMS: HOW CAN SPECIAL SERVICES HELP CHILDREN WITH PROBLEMS IN SCHOOL ADJUSTMENT?[1]

MARECHAL-NEIL YOUNG, Supervisor[2]
Division of Pupil Personnel and Counselling, Philadelphia

Support of special services as an integral part of a school system tests the strength and breadth of a community's belief in the right of every child to an education to the limit of his potentialities. At every point when community endorsement and financial support is sought for a service that will increase the likelihood that more children will really embrace this right to an education, the quality of that conviction is tested. As communities have deepened their understanding and acceptance of what constitutes the right to an education in a democracy, they have assumed greater responsibility for working with conditions that limit an individual child's opportunity not only to learn, but even to grow normally, with satisfaction to himself and benefit to society.

These conditions are on the one hand such broad social factors as economic inequality, racial and religious intolerance, or traditional cultural patterns that foster early school leaving for employment. On the other hand, these conditions that limit a child's use of the school, and thereby defeat the fulfillment of the ultimate purpose of the school, are the very real and intimate problems that are rooted in the nature of the individual child's physical, intellectual, social, and emotional growth. The fact that they are the individual child's unique problems, whether little or great in our terms, means that they are potent indeed in their effect upon the child's ability to do his best in school. The early recognition of, and help with these troubling problems, whether related to the child's ability to learn, or ability to live with himself and with others, clearly contribute to the welfare of the whole child, his physical, social, and emotional well being, as well as his intellectual growth.

Differences in individual boys and girls make them unequally able to profit from school experience. Some show this inability to use the

---

[1] Presented at a Connecticut educational conference *On Problems of Children,* April 16, 1951, at a sectional meeting, "Children With Social and Emotional Problems."

The Connecticut State Department of Education plans to publish this article; January, 1952.

[2] Dr. Young is now principal of the Mayer Sulzberger Junior High School, Philadelphia.

school by truancy; others get to school but are so removed by indifference, daydreaming, depression, resentment, or even by aggressive defiance that their real capacities for growth are seriously impaired.

Responsibility for helping these children to find their own ways to a rich and satisfying school experience rests with the school in its entirety. Because many pupils, however, can never enter into the group experience without special understanding and help with problems that block their freedom to participate, special services, particularly medical, psychological and social casework services are not only essential but imperative.

How can these services help children with problems in school adjustment? Each can help by offering a competent professional service that is clearly defined and focused in giving the individual child the additional help he needs for effective classroom participation and all-round growth. Stress is placed upon the necessity of each special service representing a recognized and different competency from that of the classroom teacher who also brings to her work with the individual child in the group a growing body of important knowledge and skills. It is only when mutual respect for the valued difference in the professional preparation and experience of each staff member, teacher, school doctor, nurse, psychologist, and school social worker, permeates their working relationships that the help of any one, or all of these services is made fully available to the child, at any point of special need.

The particular competency the school medical services represent in their responsibility for the physical examinations of pupils and for the follow-up of defects found is readily understood and respected as of major importance in all progressive school systems. More recently have the services of the school psychologist and school social worker received clearer definition and growing acceptance as professional aids essential to effective classroom teaching.

Qualified psychologists are equipped to administer and interpret results of individual psychological examinations which give added professional understanding of a pupil's intelligence, aptitudes, interests, and behavior. This specialized knowledge concerning individual pupils is of recognized value in pupil placement; development of curriculum methods and material to help individual children with problems in learning; and in the counseling of individual pupils faced with choice of a suitable school program or vocation.

In the school social worker, educators have found the one person on the school staff whose special professional competency lies in the ability

to help the whole child with whatever school problem that might be troubling. These problems may be rooted in physical or mental handicaps but they are frequently related to home and neighborhood conditions or personality and behavior difficulties.

In order to describe in more specific form how special services help children with school-centered problems, I shall refer to the school social work service, particularly to these major responsibilities the service carries: first, for using professional skill and insight in the understanding of the pupil's problem and in the process of helping him work through his difficulty; second, for helping the school to have special knowledge of the pupil who has difficulty adjusting in school; and third, for coordinating the many resources of the school and community in the pupil's behalf.

There is one fact that is universally present in the day by day use of a public school special service, specifically, school social work. Because the service is definitely limited by size of staff, volume of possible pupil referrals cannot be handled. Even in a large system such as Philadelphia where a staff of 224 school social workers offers special individual help with school problems to pupils on the elementary and secondary level, the ratio of counselors[3] to pupils is still very low. One counselor is assigned to each of about half of the elementary schools, which include a range in enrollment of about 400 to about 2,000 children. In secondary schools, where there are two to four counselors on the faculty of each junior and senior high school, the ratio is close to one counselor to approximately 650 pupils.

How can special services help more than superficially when there are so many pupils to be served? The ability of the school social worker to help pupils who have problems that block their school adjustment is directly related to the sensitivity with which teachers identify and refer pupils needing this special service at the earliest indication of their need for this help. This means that teachers need first to be fully trusting of their own fine capacities for helping many children who have difficulty adjusting in school, through numerous creative ways, in the day-to-day give and take of the classroom experience.

Recently a junior high school teacher of a 9B special class told me about his group. The boys are assigned to the class because they are overaged, slow learners, and are frequently involved in disciplinary trou-

[3] In the Philadelphia schools "counselor" is the title of the school social worker.

ble. The teacher said he could not handle his group unless he knew his boys individually. He told me how he talked after class with Gene, one of the group who seemed especially indifferent to school, about his irregular attendance—truancy most of the time.

> Gene's first reaction was "You're wasting your time". He wasn't coming to school except when he felt like it. When the teacher assured Gene firmly he intended to take time because he felt something must be done about the truancy—it was up to Gene to find out just what—the smirk left the boy's face. He admitted in a vague way he didn't like school. He needed the teacher's help to express what it was about school that gave him this feeling. Gene explained that when the fellows selected partners for the work period, he was always among the last to be chosen. He felt he didn't handle tools as well as the others. He didn't belong. The teacher said he had been working on the problems of "handling tools and belonging" with Gene some time now. He thought the boy seemed happier. Anyway, he was coming to school.

In addition to trusting their own ability to help many children, teachers need to be clear in their understanding of, and fully respectful in their feeling about the specialized function of the school social worker. Teachers then look upon this service as a needed supplement to their efforts at helping pupils. They look upon the school social worker as a partner they can rely upon to bring something new in understanding and skill in handling a difficult problem with which a pupil is struggling. They help the pupil get to the school social worker through some simple, positive interpretation of the service. They explain that pupils use the service regularly when they have troubling problems so that the pupil does not feel too "different" or "bad" because he is summoned by the school social worker or makes his own approach for help.

I recall another junior high school teacher who told of being confronted by a nervous and pale Betty who stormed "you're a liar. Hit me, I dare you," when asked about stolen goods taken from a gymnasium locker to which she alone had access. The teacher quietly told the girl he knew she was upset. They would talk over what happened when she was more calm. Meanwhile, he thought she needed some help with her feeling about being accused of stealing. He hoped she would be able to talk the whole incident over with the counselor.

This teacher did not expect the counselor to discipline Betty. That was his responsibility with possible help from the principal. He knew, however, that there were reasons why Betty stole which needed understanding. Also, he knew it would take skill he did not command to help

this defiant, frightened child to handle her feeling around this whole incident so that she could "settle down" in his classroom again. There was a deeper help she needed that seemed more important somehow; he termed it "character building". What he meant was that Betty needed help in being able to accept responsibility for her part in the incident and help in being able to change this unfortunate behavior pattern before it developed into serious delinquency. This he recognized as a long, involved process requiring patient, individual work with the girl as well as his understanding support in the classroom.

How does the school social worker help a pupil like Betty whose behavior has indicated a need for special understanding and casework service? In an office that gives at least some aspect of privacy, the counselor interviews the pupil skillfully and sensitively. Sometimes only one conference is needed for a pupil to receive the help he needs to get through a particular block and work on his problem in his own way.

In a single interview, for example, a counselor may be able to relieve a junior high school pupil's fear around taking an aptitude test preparatory to admission to a vocational school. Helping the pupil to express his anxiety over the newness in this experience for him, his fear of failure, and accepting with understanding his right to be afraid is part of the counseling process. Another part is the careful explanation of how the examination will be conducted and what the pupil might reasonably expect the aptitude test to include. This new information helps the pupil to feel more secure in readying himself for the examination.

It is certainly good that many boys and girls can be helped rather quickly. However, professionally trained and experienced counselors are often very aware that many children who receive only minor or incidental service because of the pressures of time and volume of work are greatly in need of intensive help. Such help, frequently of several months' duration, involves regular conferences with a pupil, conferences at needed intervals with the parent, with school personnel, and often with social agency representatives.

Giving only the briefest excerpts from the record to convey some feeling for the school social worker's activity in the helping process, I should like to relate here how William Z., a twelve-year-old seventh grade boy, used the school social work service. The counselor states:

> "William came to my attention when a message came from the hospital social service department saying that althought he needed

treatment for asthma, he was threatening to stop coming because his absences were so affecting his work that he was failing.

"I found him to be a small, shabbily dressed boy, quite immature and very insecure. Consulting his adviser, I learned he had been failing as much because of lack of concentration as because of his absence. When I told the boy's mother of the adviser's observation about his immaturity, Mrs. Z. said that she was aware of the problem. He seemed like such a 'sissy' to her, too. She considered it so serious that she is consulting a psychiatrist at the hospital about his upbringing.

"She asked for suggestions on bringing William around. I said it seemed to me that she was handling the situation as she saw best, particularly since she was consulting a psychiatrist. In school, however, I thought that I might work with William along lines of taking more responsibility for himself in relation to teachers and his own work. The teachers do recognize his limitations because of illness, but on the other hand, feel that they cannot make special concessions because of them, other than those directly related to his illness.

"I worked intensively with William, seeing him at first every week. Then when he seemed to be taking hold, I had him come every two weeks, and after that, once a month until the end of the year.

"One problem we worked on was William's scholastic achievement. His adviser felt that he was taking advantage of his illness not to work up to capacity. Another problem was his relationship with other boys in his section.

"William said the boys 'pick on me', they threaten to 'get me' after school. William thought he would go out the back door. I asked whether he was going to spend the rest of his life running away.

"It seemed to me that as long as William showed fear and at the same time teased these boys, as his teacher had told me that he did, I thought he'd be having difficulties. I left this with him to think over.

"By the end of the term, William, according to his adviser, seemed 'less silly in manner, more responsible, and better related to the group'. We agreed it would be best next term not to offer counseling help unless a new problem arose, as William seemed to be able now to depend on himself in school."

In this case the counselor was able to accept with understanding Mrs. Z.'s explanation of William's problem and how she was handling it. She gave support to Mrs. Z.'s plan for consulting a psychiatrist about her worry over the boy's feminine tendencies and other problems in his upbringing. The counselor was equally secure in her clarification of her

own part in helping William and what Mrs. Z. could expect from teachers.

In interviewing William concerning his relationships with other boys, the counselor was firm in sharpening William's need to find his own way to handle his problem. Will he spend the rest of his life running away or will he be able to handle his fear? We sense the faith the counselor had in William's potential strength and ability to mature even though she began with him, a frail child, quite immature, and very insecure.

We referred earlier to the three major responsibilities the school social work service carries. The first is for understanding the child's problems and helping him work through his difficulty; the second, to help the school to have special knowledge of the child who has difficulty adjusting in school. As the excerpts from the counselor's record were read, I am sure you were aware of the need for close working together of teachers and counselor in helping this child. At the point of referral by the hospital social service department, the adviser was consulted in order that the counselor might have a clearer picture of what the boy's school adjustment was and how this was related to his health problem. In the conference with Mrs. Z., the counselor was able to relate what teachers had been able to do out of recognition of the boy's individual needs and what limits there were on additional help the mother might be able to expect from the school.

Review of the counseling process in its entirety would indicate how very frequently the counselor conferred with teachers as work with William progressed. It was important for teachers to be informed of factors in the boy's relationships with his parents which contributed to his insecurity. They needed to be acquainted with the nature of the special help the boy was receiving through clinic resources with his physical and emotional problems. The particular difficulties in adjusting in school that the counselor was helping William to handle required their more active support. Any effort William made in the direction of improving his school work or his relationships with other pupils needed the recognition and encouragement of teachers. Equally important was the counselor's need for continuing information indicative of any change in respect to these problems.

This does not mean, of course, that the detail of the confidences William shared in conference with his counselor would be passed on. It does mean that any special knowledge that would help the school in

providing a better learning experience for this boy would be made immediately available. Although William improved sufficiently in his school adjustment to end regular conferences with the counselor, teachers were alerted to refer him again for special help at any recurrence of problem. Meanwhile, his ability to sustain what he had gained in maturity and ability to handle his problems independently was clearly supported by the use teachers continued to make of their deepened understanding of him and his individual needs.

A third major responsibility of the school social work service is for coordinating the many resources of the school and community in the child's behalf. Before discussing the school social worker's activity in helping children and parents to use special services effectively, it is important to place these services in relation to the total educational program.

In the Philadelphia school system there are thirteen divisions, each headed by a director and under the general supervision of an associate superintendent. One of these is the Division of Pupil Personnel and Counseling which came into being in 1942 to replace the Division of Compulsory Education. This Division encompasses three closely related services: attendance, employment certification, and school counseling. We do not have a Division of Guidance in the Philadelphia Schools. The Division of Pupil Personnel and Counseling corresponds most closely to this kind of a Division.

Most of the thirteen divisions offer services that contribute to the total guidance program of the school, meaning they help the schools to serve effectively the needs of individual students. The school counselor does not take over or duplicate other school services but cooperates with them and often serves as a coordinating person to further the adjustment of a particular pupil.

There are three of the thirteen divisions with which the school counseling service is most closely related. The Division of Medical Services referred to earlier in this paper is one of these. A second is the Division of Educational Research which has charge of the group testing programs of the school system.

A third division with which school counselors are frequently concerned is the Division of Special Education. This Division provides the individual psychological services of the school system. A staff of 14 psychologists is available for the schools' use. The particular function of this service as stated by the director is "to provide schools with informa-

tion about individual pupils to aid in the solution of their problems of learning and adjustment". This information is secured from (1) a battery of individual psychological tests, (2) observation of the pupil and study of work samples obtained during the examination process, (3) information obtained from the pupil at the time of the examination, (4) facts available from the school records, (5) information obtained from school counselors usually through case summaries, and (6) information obtained from other school personnel or from parents, physicians, or agencies.

The information secured from these sources is examined and reported with the insight developed by the psychologist's special training. Specific recommendations are made to the schools regarding placement, teaching methods, further examinations, referrals, and needs for further study.

Since the service is limited it is recommended for pupils whose needs require further individual appraisal than is provided by the usual school services. A psychologist's recommendation is required for (1) admission to special classes for the physically and mentally handicapped, (2) postponement of, and excuse or exclusion from school attendance for mental incapacity.

Although the principal and teachers refer children for psychological service, counselors are very frequently responsible for referral of pupils for psychological examination when they feel that specialized information concerning a pupil's mental capacity is needed as an aid to his school adjustment or as a resource in educational and vocational planning.

The coordination of agency resources as well as school resources in a child's behalf is, as has been indicated in this paper, a major counseling responsibility. You recall William Z. came to the attention of the counselor through a hospital social service department referral. In the school year 1949-50 social agencies referred over 1,500 pupils to the counseling service in Philadelphia schools. Approximately 6,500 referrals were made to social agencies. More than 650 parents, too, were helped through school counselors to seek psychiatric help for their children.

Relative to these psychiatric referrals, I should like to say that many children whose behavior in school indicates some emotional problem do come to the attention of counselors soon enough to be helped through the counseling process, some rather quickly.

Ronald, for example, usually a cheerful, well-behaved fourth grader grew impolite, restless, and angry about nothing at all. His school work, too, was poor.

When Ronald saw the counselor, he readily agreed that things were not going well for him in school, but he didn't know why. When some mention was made of home, Ronald grew silent and finally said, "I miss my daddy!" He sobbed uncontrollably and then talked about his father's death and told of how confused things were for him now. He resents the "bossiness" of his brother who has just returned from the army. His mother seems too busy to bother with him very much. He decided that he would like to come to talk with the counselor again to see if he could get things straightened out for himself. He wanted the counselor to see his mother, too.

Mrs. M. was not surprised that Ronald was having difficulty in school, for she had found him restless and defiant at home. She talked of her own disturbance since her husband's death and of the many problems that confronted her. She volunteered that with all the pressures she had neglected Ronald. She spoke of the deep tie between Ronald and his father and added, thoughtfully, "Maybe that's why he's defiant toward his brother." She began to see that at his point he could not take on his brother as a substitute for his father. She could see that Ronald really needed her now. In the counselor's next interview with Ronald, the child seemed more cheerful. He seemed to feel more support from his mother and commented that he and his brother were "buddies". The teacher said Ronald seemed to be more relaxed and happier.

In other more serious cases, where the problem may be deeply rooted in early relationships between the child and parent, a referral to a psychiatric service may be indicated. In many instances, the referral of a parent to a psychiatric resource involves skillful and continued work in order to sharpen the reality of the problem and help the parent to risk using the service. Referrals for psychiatric help are more likely to eventuate in treatment when made by the school social worker who has a continuing relationship with the child in the school, and with his parent. The school social worker is in a position to confer regularly with the clinic, sharing information that will be mutually helpful to the clinic and the school. The school social worker continues to give the pupil needed support with school problems during the period he is receiving psychiatric treatment.

A very few serious cases reach specialized help too late for the child to use the clinic service. Even in these cases, however, the school social worker gives needed support to the pupil and parent in working through plans for medical care and coordinates steps taken within the school in the pupil's behalf.

Recently Harry, a senior high school boy, made repeated and uncontrolled accusations against the school, claiming storekeepers and business men had been informed about him and were refusing to serve him and otherwise ostracising him. The counselor made contact with the Child Guidance Clinic. The agency agreed to give the case emergency attention. The boy's father was interviewed the following day. Although he stated he had noticed similar behavior at home, he told the counselor he had not considered this anything "to get excited about". However, if the school thought it important enough, he would be willing to follow through on the referral. He did call the Clinic for an appointment. He had some indecision around the appointment time, however, accepting the latest time offered him within the week. He and his wife kept the appointment and returned twice to the clinic with Harry. The boy was seen by the clinic psychiatrist who reported that he was mentally ill, was suffering delusions and that the condition was serious. A very short time later Harry was hospitalized.

Through the strain of this experience the parents relied upon the counselor's understanding and clarity about the seriousness of the boy's problem and his need for immediate professional help. The parent called the counselor or conferred with him almost daily. Since Harry remained in school until hospitalization was recommended, the principal, school doctor, and counselor consulted frequently concerning procedures within the school to be initiated for the boy's protection and the welfare of the pupils. The counselor conferred regularly also with the clinic social worker in order that important information might be shared and that the school might support fully the treatment plan.

In conclusion this discussion of how special services can help children with problems in school adjustment, I should like to stress again how important it is to have competent workers to perform these services. Professional training in social casework is recognized as the essential core of preparation for school social workers. There is considerable specific knowledge that is related to the fields of education, sociology, economics, and psychology that contributes to the resourcefulness of the school social worker and fits her more particularly for service in the school setting.

Whenever the essential core of casework training is lacking, however, it becomes the important function of the supervisory staff to help workers acquire this basic knowledge and skill through in-service training courses and supervision. We have had some experience with both of these programs in Philadelphia. The problem, simply put, is how to

provide for sufficient theoretical understanding as well as adequate supervision of practice to assure a continued high level of performance throughout the service.

Granted we have many problems with which we are struggling, those of us who know schools intimately cannot help but be impressed daily with the fine quality of devotion and competent assistance that special services render boys and girls in times when they need special understanding and help.

Eleven-year-old Geraldine expressed belief in her counselor's helpfulness when she said "maybe if my mother had someone to help her when she was young she wouldn't have nervous breakdowns now".

Geraldine knew as do a countless number of pupils, parents, and teachers who have used the school's special services with satisfaction that these services, manned by competent workers, bring increasing understanding and sensitivity into the entire school program and into the lives of many troubled pupils.

MEMBERSHIP

Membership in a professional organization is a strengthening factor for the individual practicing within that profession. This is as true for the school social worker as it has long been for members of other professions. National Association of School Social Workers has members in 38 states and in Hawaii, Puerto Rico and India.

All members receive the National Association of School Social Workers Bulletin and other materials such as Newsletter, book lists, conference programs, notices, and other publicity. Membership is determined by the training and experience of the applicant.

Applications for membership and a statement of membership requirements may be obtained from the Membership Chairman, Mrs. Helen Roell, Indianapolis Public Schools, 150 N. Meridian Street, Indianapolis, Indiana.

* * * *

Copies of some issues of N. A. S. S. W. Bulletins from 1946 to the present are available at the Executive Office in limited quantities.

* * * *

Changes of address should reach the office of the Executive Secretary as soon as possible.

* * * *

The Bulletin is issued quarterly.

Single copies, 65 cents. Larger quantities at reduced rates.